PUBLIC DISCLOSURE COMMISSION

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Employer's Lobbying Expenses

L3

((1/02))12/0 3

1. Employer's Name (Use complete company, association, union or entity name.)

   Attention (Identify person to whom inquiries about the information below should be directed; NOT the lobbyist.)

   Mailing Address   Telephone
   ( ) -

   City   State   Zip + 4   E-Mail Address

THIS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEBRUARY</u>. Include expenditures made and accrued during the previous calendar year for lobbying the Washington State Legislature and/or any state agency. Complete all sections. Use "none" or "0" when applicable.

2. Identify each of your lobbyists/lobbying firms below. **In column 1,** show the full amount of salary or fee each earned for lobbying. **In column 2,** show the full amount paid (plus obligated) for other lobbying related expenses that were made by or through the lobbyist <u>and</u> reported by the lobbyist on the monthly L-2 report (e.g., contributions to legislative candidates, reimbursement for entertainment expenses, etc.). Compute the subtotals across and down the columns; put the grand total of expenses incurred by or through lobbyists in the space designated.

Names of Registered Lobbyists (if payments were to lobbying firm, list firm name)	**Col 1-Salary** $	**Col 2-Other** $	**Total Amount** $
Total From Attached Page			

☐ Information continued on attached pages

Total Expenses By or Through Lobbyists | $

DO <u>NOT</u> INCLUDE EXPENDITURES ALREADY ACCOUNTED FOR IN ITEM 2 ABOVE when completing Items 3 through 7 below.

3. Other expenditures made by the employer for lobbying purposes. **Show total expenditures made/accrued:**

   a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases); $

   b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists the employer's lobbying effort;

   c. for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families; (Also complete Item 9.)

   d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and

   e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).

4. Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also complete Item 10.)

   a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c.

   b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)

   Name of PAC _____

5. Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.)

6. Expenditures to or on behalf of legislators, state officials, their spouses and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.)

7. Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show date, recipient, purpose and amount). Do not include payments accounted for above.

Total Lobbying Expenses $
(Items 2 thru 7)

8. This report must be certified by the president, secretary-treasurer or similar office of lobbying employer.

Certification: I certify that this report is true, complete and correct to the best of my knowledge.

Signature of Employer Officer   Date

Printed Name and Title of Officer:

CONTINUE ON REVERSE

Employer's Name   Year report covers:

9. Entertainment, tickets, passes, travel expenses (including transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details.

Name and Title	Cost or Value	Date and Description of Expense
	$	

☐ Information continued on attached pages

10. Contributions (not reported by the lobbyist) totalling over $25 to a legislative or statewide executive office candidate, a committee formed to support or oppose one of these candidates or a committee supporting or opposing a statewide ballot measure. Do not list employer-affiliated PAC contributions.

Name of Recipient	Amount	Date (and, if In-Kind, Description)
	$	

☐ Information continued on attached pages

11. Independent expenditures in support of or opposition to a) a legislative or statewide executive office candidate or b) a statewide ballot proposition. **See instruction manual for definition of "independent expenditure."**

Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)
	$	

☐ Information continued on attached pages

12. Compensation of $1,500 or more during the preceding calendar year for employment or professional services paid to state elected officials, successful candidates for state office and each member of their immediate family.

Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation

☐ Information continued on attached pages

13. Compensation of $1,500 or more during the preceding calendar year for professional services paid to any corporation, partnership, joint venture, association or other entity in which state elected official, successful state candidate or member of their immediate family hold office, partnership, directorship or ownership interest of 10% or more.

Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation

☐ Information continued on attached pages

14. Any expenditure, not otherwise reported, made directly or indirectly to a state elected official, successful candidate for state office or member of their immediate family, if made to honor, influence or benefit the person because of his or her official position.

Name	Amount	Date and Purpose
	$	

☐ Information continued on attached pages

**DOLLAR
CODE   AMOUNT

A - $1 to $2,999
B - $3,000 to $14,999
C - $15,000 to $29,999

**DOLLAR
CODE   AMOUNT

D - $30,000 to $74,999
E - $75,000 or more

INFORMATION CONTINUED

(Use this page if you need additional space for Items 2 or 9)

L3

Employer's Name

Year report covers:

2. **Names of Registered Lobbyists**	Col 1-Salary	Col 2-Other	Total Amount
	$	$	$
Total From This Page			

9. Entertainment, etc.

Name and Title	Cost or Value	Date and Description of Expense
	$	

INFORMATION CONTINUED

(Use this page if you need additional space for Items 10 or 11)

L3

Employer's Name

Year report covers:

10. Contributions

Name of Recipient	Amount	Date (and, if In-Kind, Description)
	$	

11. Independent expenditures

Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description	Amount	Date and Description of Expense (Note if Support or Oppose)
	$	

INFORMATION CONTINUED

(Use this page if you need additional space for Items 12 thru 14)

L3

Employer's Name

Year report covers:

12. Compensation of $1,500 or more for employment, etc.

Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation

13. Compensation of $1,500 or more for professional services

Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation

14. Any expenditure not otherwise reported

Name	Amount	Date and Purpose
	$	

**DOLLAR
CODE   AMOUNT

A - $1 to $2,999
B - $3,000 to $14,999
C - $15,000 to $29,999

**DOLLAR
CODE   AMOUNT

D - $30,000 to $74,999
E - $75,000 or more